



Youth Referral Form

Youth Criteria: **1)** Ages 10-14; **2)** Will benefit from volunteer adult support; **3)** Want a mentor and are willing to be physically active; **4)** Reside in Minneapolis, Saint Paul and Rochester proper.

Referral Date: ____ / ____ / ____

Youth Information

Youth Name (First & Last): _____

Address: _____

City/State/Zip: _____

Primary Caregiver(s) Name: _____

Caregiver Cell Phone: _____ Other Phone #: _____

Caregiver email: _____

Caregiver's Relationship to Youth: _____

Is more than one parent involved?

Yes / No

Youth's Gender Identity: _____

Youth's Pronouns: _____

Youth's D.O.B.: ____ / ____ / ____

Youth Age at Referral: _____

Youth Ethnicity (check all that apply):

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White/Caucasian
- Hispanic/Latino
- Other Race

Referring Agency Information

Name of referring staff: _____

Agency: _____ Position/Title: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Agency Type: _____ Relationship to youth: _____

Primary Enrollment Reason (only select one):

- Academic Challenges
- Children of Incarcerated Parents
- Family Stress/Risk
- Lack of Access to Social Engagement or Recreation
- Living in High Risk Community
- Mental Health
- Lack of Social Skills
- Other

Other Enrollment Reason(s):

- Academic Challenges
- Children of Incarcerated Parents
- Family Stress/Risk
- Lack of Access to Social Engagement or Recreation
- Living in High Risk Community
- Mental Health
- Lack of Social Skills
- Other

Protective Factors:

- Family Involvement
- Academic Interest
- Strong Relational Skills
- Stable Housing & Basic Needs
- Community Involvement
- Sense of Self-Efficacy
- Non-academic Special Interest or Goals
- Athletic or Creative interests

Target Populations:

- Youth who have experienced victimization
- Youth who are underperforming in school
- Children of incarcerated parents
- Youth who identify as LGBTQ+
- Neuro-divergent youth
- Youth who experience anxiety & depression
- Youth who have been adopted or in foster care
- Youth with disabilities
- Youth in rural communities
- American Indian/Alaska Native youth
- Black & Brown youth
- Youth in low income households
- Children of immigrant parents

COMMUNITY AGENCY INFORMATION

What other relevant community agencies does this youth work with?

PROGRAM CONSENT

Please initial beside each program requirement.

- _____ The family has been informed of this referral.
- _____ The youth has been informed of this referral.
- _____ The youth and family are aware that this is a one year program.
- _____ The youth will meet with their mentor 2-4 hours each week.
- _____ The youth is aware of the requirements to attend 12 Bolder Options events, and setting and achieving 2 goals.

PROGRAM CONSIDERATIONS

In order to best match your youth with a mentor, please answer the following questions so that we may know a little bit more about them.

I believe Bolder Options is a good fit for this youth because:

This youth's interests and activities are:

This youth's emotional and/or physical behaviors you should be aware of are:

These behaviors occur when/if:

This youth's coping skills are:

How can our volunteer mentors and staff at Bolder Options support this young person when they're experiencing emotional and/or physical behaviors?

The aspect(s) of Bolder Options this youth is excited about is(are):

The aspect(s) of Bolder Options this youth is wary about is(are):

This youth plans to support the match by:

This youth's family plan to support the match by:

Best way to community with this youth and their family:

Other Comments:

**Please mail or fax completed referral forms to Bolder Options C/O Lucy Bossert, Program Director
2100 Stevens Ave S Minneapolis, MN 55404 | Fax: (612) 234-4710
Email: lucy.bossert@bolderoptions.org**